03/20/2009 13:47

(Rev. 12/2004)

Image# 29991780782

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines American Hospital Association PAC 325 Seventh Street, NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00106146 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Χ Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 02 0 1 2009 02 28 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Melinda Hatton Type or Print Name of Treasurer Electronically Filed by Ms. Melinda Hatton 03 20 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use

FE6AN026

Only

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

2009

Write or Type Committee Name American Hospital Association PAC м м 0 2 D D м м 0 2 D D D 1 28 2009 Report Covering the Period: From:

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 Ž009 Y Y		1340674.06
	(b) Cash on Hand at Begining of Reporting Period	1389583.92	
	(c) Total Receipts (from Line 19)	28807.70	139710.54
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1418391.62	1480384.60
7.	Total Disbursements (from Line 31)	56683.17	118676.15
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1361708.45	1361708.45
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name
American Hospital Association PAC

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	ons (other than loans) From: duals/Persons Other		
	Political Committees emized (use Schedule A)	20916.00	23816.00
(ii) L	Initemized	7439.40	10877.40
	OTAL (add ines 11(a)(i) and (ii)	28355.40	34693.40
(b) Politic	cal Party Committees	0.00	0.00
(such	Political Committees as PACs) Contributions (add Lines	0.00	0.00
	(iii),(b) and (c)) (Carry s to Line 33, page 5)	28355.40	34693.40
	From Affiliated/Other mittees	0.00	104100.00
3. All Loans I	Received	0.00	0.00
	ayments Received Operating Expenditures	0.00	0.00
(Carry Tot	Rebates, etc.) als to Line 37, page 5) f Contributions Made	0.00	0.00
	candidates and Other ommittees	0.00	0.00
7. Other Fed (Dividends	eral Receipts s, Interest, etc.)	452.30	917.14
8. Transfers	from Non-Federal and Levin Funds		
` '	ederal Account Schedule H3)	0.00	0.00
(b) Levin	Funds (from Schedule H5)	0.00	0.00
(c) Total T	ransfer (add 18(a) and 18(b)).	0.00	0.00
	eipts (add Lines 11(d), ., 15, 16, 17, and 18(c))	28807.70	139710.54
20. Total Fede	eral Receipts Line 18(c) from Line 19)	28807.70	139710.54

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures	183.17	676.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	183.17	676.15
2. Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	56500.00	118000.00
Independent Expenditure (use Schedule E)	0.00	0.00
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
S. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
	0.00	0.00
(b) Political Party Committees(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
O. Other Disbursements	0.00	0.00
). Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
I. Total Disbursements (add Lines 21(c), 22,	50000 17	110070 15
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	56683.17	118676.15
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	56683.17	118676.15
116111 21110 6 1)	3333.17	110070110

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	28355.40	34693.40
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	28355.40	34693.40
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	183.17	676.15
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	183.17	676.15

FE6AN026

	HEDULE A (FEC Form 3X) MIZED RECEIPTS	Use separate sche for each category o Detailed Summary	dule(s) (c	OR LINE NUMBER: PAGE 6 / 44 heck only one) X 11a 11b 11c 12 13 14 15 16 11
Any or fo	information copied from such Reports and S or commercial purposes, other than using the	atements may not be sold or used b name and address of any political co	y any person for ommittee to solic	the purpose of soliciting contributions cit contributions from such committee.
\	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۸. ۱	Full Name (Last, First, Middle Initial) Mr. Steven D Wilkinson			Date of Receipt
_	Mailing Address 5721 West 119th Stree			02 02 2009
	City Overland Park	State Zip Code KS 66209-3722		Transaction ID: 16315550
F	FEC ID number of contributing ederal political committee.	C		Amount of Each Receipt this Period 250.00
7	Name of Employer Menorah Medical Center	Occupation President and Chief Executi	ve Officer	
F	Receipt For: Primary General Other (specify) ▼		50.00	
3. <u> </u>	Full Name (Last, First, Middle Initial) Ms. Henrietta S. Fielek			Date of Receipt
N	Mailing Address 110 4th St., SE		M M / D D / Y Y Y Y Y Y O D O O O O O O O O O O O O	
Ō	Dity	State Zip Code		Transaction ID: 16317757
7	Washington		Amount of Each Receipt this Period	
	FEC ID number of contributing ederal political committee.	C		1000.00
<u>t</u>	Name of Employer American Hospital Associa- ion-Washingt	Occupation Vice President, Education		
F	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	00.00	
	Full Name (Last, First, Middle Initial) Dr. Carol Reineck, Ph.D., CNA			Date of Receipt
<u>N</u>	Mailing Address 15111 Oak Loft			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State Zip Code		Transaction ID: 16317761
F	San Antonio FEC ID number of contributing	TX 78232-4617		Amount of Each Receipt this Period 500.00
_	ederal political committee. Name of Employer	Occupation		
	Name of Employer Jniversity of Texas Health Science Cen	Assistant Professor, Dept. o	of Acute Nu	
F	Receipt For:	Aggregate Year-to-Date ▼		
	Primary General Other (specify) ▼	5	00.00	
SII	BTOTAL of Receipts This Page (optional)			1750.00
	TAL This Period (last page this line number		<u>·</u>	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 44 (check only one) X
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Kathleen D. Sanford, RN, DBA		Date of Receipt
Mailing Address 2659 Syracuse Court		02 06 2009
City Denver	State Zip Code CO 80238-2421	Transaction ID: 16346973 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Catholic Health Initiativ- es	Occupation Senior Vice President & CNO	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Ms. Patricia Conway-Morana	Date of Receipt	
Mailing Address 3300 Gallows Road	02 06 7 9 9	
City	State Zip Code	Transaction ID: 16346975
Falls Church FEC ID number of contributing federal political committee.	VA 22042-3307	Amount of Each Receipt this Period 500.00
Name of Employer Inova Fairfax Hospital	Occupation Chief Nurse Executive	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Maulik Joshi	Date of Receipt	
Mailing Address One North Franklin		02 13 2009
City	State Zip Code	Transaction ID: 16346976
Chicago FEC ID number of contributing federal political committee.	IL 60606-3436	Amount of Each Receipt this Period 1000.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation President, HRET	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		2500.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 44 (check only one) X 11a 11b 11c 12 13 14 15 16
Any or fo	information copied from such Reports and S r commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions
\	AME OF COMMITTEE (In Full) American Hospital Association PAC		
	ull Name (Last, First, Middle Initial)		Date of Receipt
N	lailing Address One North Franklin		0 2 1 3 2 0 0 9
	ity	State Zip Code	Transaction ID: 16346977
<u>C</u>	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C	500.00
N A	ame of Employer .merican Hospital Associa- on-Chicago	Occupation Assistant General Counsel	
	eceipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
	ull Name (Last, First, Middle Initial) ls. Elizabeth T. Beaudin, RN, MS, CN		Date of Receipt
N	lailing Address 69 Day Street	02 13 2009	
С	ity	State Zip Code	Transaction ID: 16346979
<u>C</u>	Granby	CT 06035-2901	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C	350.00
N C c	ame of Employer connecticut Hospital Asso- iation	Occupation Director, Nursing & Work Force Initia	at
R	eceipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	350.00	
	ull Name (Last, First, Middle Initial) Ir. William A. Bell		Date of Receipt
N	lailing Address 944 Gentian Court	02 12 2009	
	ity	State Zip Code	Transaction ID: 16346981
<u>I</u>	allahassee	FL 32312-1228	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C	1000.00
F	ame of Employer lorida Hospital Associat- on	Occupation General Counsel	
	eceipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1000.00	
			1850.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 44 (check only one) X
or for con	mation copied from such Reports and St nmercial purposes, other than using the E OF COMMITTEE (In Full) rican Hospital Association PAC	atements man name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Mr. Ra	ame (Last, First, Middle Initial) alph Glatfelter g Address 7285 Heartland Circle	State	Zip Code	Date of Receipt M
<u>Talla</u> FEC I	hassee D number of contributing all political committee.	FL C	32312-7501	Amount of Each Receipt this Period 1200.00
ion Recei	of Employer a Hospital Associat- pt For: Primary General Other (specify)		nice President e Year-to-Date 1200.00	
Ms. Ka	ame (Last, First, Middle Initial) athy Holzer g Address 306 East College Avenu	ue		Date of Receipt 0 2 1 2 2 0 0 9
FEC I	hassee D number of contributing all political committee.	State FL	Zip Code 32301-1522	Transaction ID: 16346983 Amount of Each Receipt this Period 500.00
Florid ion Recei	of Employer a Hospital Associat- pt For: Primary General Other (specify)	•	n sident, Health Policy • Year-to-Date ▼	
Ms. Ka	ame (Last, First, Middle Initial) aren Late, MHS g Address 444 N. Capitol St, NW Suite 532			Date of Receipt 0 2 1 2 2 0 0 9
City Was l	hington	State DC	Zip Code 20001-1512	Transaction ID: 16346984 Amount of Each Receipt this Period
	D number of contributing all political committee.	C		1000.00
<u>ion</u>	of Employer a Hospital Associat-	Occupatio Director,	n Federal Advocacy	
	pt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
SUBTO	TAL of Receipts This Page (optional)			2700.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 44 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	 y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr. Rich Rasmussen			Date of Receipt
Mailing Address 405 El Destinado Driv	/e		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 16346985
Tallahassee	FL	32301-1522	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Florida Hospital Associat-	Occupatio VP for St	n trategic Communications	
ion Receipt For:		e Year-to-Date	\dashv
Primary General Other (specify) ▼	Aggregate	1000.00	1
Full Name (Last, First, Middle Initial) Ms. Kim Streit			Date of Receipt
Mailing Address 1317 Eastin Avenue			02 12 2009
City	State	Zip Code	Transaction ID: 16346986
Orlando	FL	32804-6309	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		600.00
Name of Employer Florida Hospital Associat- ion - Orlando	Occupatio VP, Heal	n th Research & Information	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Mr. John Wilgis			Date of Receipt
Mailing Address 3036 Giles Place			02 12 2009
City	State	Zip Code	Transaction ID: 16346987
Tallahassee	FL	32309-2114	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1200.00
Name of Employer Florida Hospital Associat- ion	Occupatio Director,	n Emergency Mgmt. Svcs.	
Receipt For:	, '	e Year-to-Date ▼	
Primary General Other (specify) ▼		1200.00	
			2800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 44 (check only one) X 11a 11b 11c 12 13 14 15 16	
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any perse e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Mr Timothy K Skeldon Mailing Address 951 North Washington	n Avenue	Date of Receipt M M D D / Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: 16346988	
Titusville	FL 32796-2194	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	500.00	
Name of Employer Parrish Medical Center	Occupation Senior Vice President and Chief Final	ing	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00]	
Full Name (Last, First, Middle Initial) Ms. Vi B. Naylor	Date of Receipt		
Mailing Address 190 Hunting Creek Dr	Mailing Address 190 Hunting Creek Drive		
City	State Zip Code	Transaction ID: 16346993	
<u>Marietta</u>	GA 30068-3416	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	500.00	
Name of Employer Georgia Hospital Associat- ion	Occupation Executive Vice President		
Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 500.00]	
Full Name (Last, First, Middle Initial) Ms. Joyce Reid		Date of Receipt	
Mailing Address 1675 Terrell Mill Rd	-		
City	State Zip Code GA 30067	Transaction ID: 16346994	
Marietta		Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Georgia Hospital Associat- ion	Occupation Health and Accountability Specialist,		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
OUDTOTAL of Descripto This Descriptoral		1250.00	

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 44 (check only one) X
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may iname and addr	not be sold or used by any person ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
2	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Jeff M. Dye			Date of Receipt
	Mailing Address 2121 Osuna Rd NE City	State	Zip Code	0 2 1 2 2 0 0 9 Transaction ID: 16346996
	Albuquerque	NM	87113-1001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer New Mexico Hospital Assoc- iation	Occupation President	and Chief Executive Office	r
	Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 500.00	
_ 3.	Full Name (Last, First, Middle Initial) Mr. Mark D Pilla			Date of Receipt
	Mailing Address 99 Route #37 West			02 / 13 / 2009
	City	State	Zip Code	Transaction ID: 16365229
	Toms River FEC ID number of contributing federal political committee.	C	08755-6423	Amount of Each Receipt this Period 250.00
	Name of Employer Saint Barnabas Health Care System	Occupation Executive	Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
_ ;.	Full Name (Last, First, Middle Initial) Mr. Al Allee			Date of Receipt
	Mailing Address 319 E Josephine			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 16365234
	Frederick FEC ID number of contributing federal political committee.	OK OK	73542-2220	Amount of Each Receipt this Period 500.00
	Name of Employer Memorial Hospital and Phy-	Occupation	nutive Officer	
	sician Group Receipt For:	. '	cutive Officer Year-to-Date ▼	\dashv
	Primary General Other (specify) ▼	, iggi egate	500.00]
Γ	SUBTOTAL of Receipts This Page (optional)	l		1250.00

SCHEDULE A (FEC FOITTEMIZED RECEIPTS	rm 3X) Use separate s for each categorate Summ	ory of the		
Any information copied from such F or for commercial purposes, other to	eports and Statements may not be sold or use an using the name and address of any political	ed by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.		
NAME OF COMMITTEE (In Ful American Hospital Associa	•			
Full Name (Last, First, Middle In Mr. Randall K Segler	tial)	Date of Receipt		
Mailing Address P O Box 12		02 12 2009		
City	State Zip Code OK 73502-0129	Transaction ID: 16365237		
Lawton FEC ID number of contributing federal political committee.	OK 73502-0129	Amount of Each Receipt this Period 500.00		
Name of Employer Comanche County Memorial Hospital Receipt For: Primary General Other (specify) ▼	Occupation Chief Executive Officer Aggregate Year-to-Date	500.00		
Mr. Scott M. Street	Full Name (Last, First, Middle Initial) Mr. Scott M. Street Mailing Address P O Box 2000			
City	State Zip Code	0 2 1 2 2 0 0 9 Transaction ID: 16365238		
<u>Duncan</u>	OK 73534-2000	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	500.00		
Name of Employer Duncan Regional Hospital	Occupation President and Chief Exec	cutive Officer		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	500.00		
Full Name (Last, First, Middle In Mr. David D Whitaker, , FACHE	tial)	Date of Receipt		
Mailing Address P O Box 13	08	02 12 2009		
City	State Zip Code	Transaction ID: 16365239		
Norman	OK 73070-1308	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	500.00		
Name of Employer Norman Regional Health Sy- stem	Occupation President and Chief Execution	cutive Officer		
Receipt For: Primary General	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼		500.00		
SUPTOTAL of Desciate This Desc	(ontional)	1500.00		
	e (optional)line number only)			

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 44 (check only one) X 11a 11b 11c 12 13 14 15 16			
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person ng the name and address of any political committee to s	tor the purpose of soliciting contributions solicit contributions from such committee.			
American Hospital Association Pa	AC				
Full Name (Last, First, Middle Initial) Mr. Paul F Herzog					
Mailing Address 2450 South Telsh	or Boulevard	02 17 2009			
City	State Zip Code	Transaction ID: 16365246			
Las Cruces	NM 88011-5069	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer Memorial Medical Center	Occupation Chief Executive Officer				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle Initial) Mr. Mark A. Eustis	I	Date of Receipt			
Mailing Address 2450 Riverside Av	0 2 1 7 2 0 0 9				
City	State Zip Code	Transaction ID: 16365254			
Minneapolis	MN 55454-1450	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer Fairview Health Services	Occupation President and Chief Executive Officer				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle Initial) Dr. Alan L Goldbloom, , M.D.		Date of Receipt			
Mailing Address 2525 Chicago Ave	enue South	02 17 2009			
City	State Zip Code	Transaction ID: 16365256			
<u>Minneapolis</u>	MN 55404-4518	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer Children's Hospitals and Clinics of Mi	Occupation President and Chief Executive Officer				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				
SUBTOTAL of Receipts This Page (optio	nal)	1500.00			

TOTAL This Period (last page this line number only)

or for commercial purposes, other than using the name and address NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Steve Perkins Mailing Address 212 Cashin Drive City State Luverne MN FEC ID number of contributing federal political committee. Name of Employer Sanford Hospital Luverne Board Chair Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Ms. Margaret E Perryman Mailing Address 200 East University Avenue City State Saint Paul MN FEC ID number of contributing	Date of Receipt Date of Receipt Date of D
Mr. Steve Perkins Mailing Address 212 Cashin Drive City State Luverne MN FEC ID number of contributing federal political committee. Name of Employer Sanford Hospital Luverne Board Chair Receipt For: Aggregate Year Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Margaret E Perryman Mailing Address 200 East University Avenue City State Saint Paul MN FEC ID number of contributing	Zip Code Transaction ID: 16365264 56156-1059 Amount of Each Receipt this Period
Luverne FEC ID number of contributing federal political committee. Name of Employer Sanford Hospital Luverne Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Margaret E Perryman Mailing Address 200 East University Avenue City State Saint Paul MN FEC ID number of contributing	56156-1059 Amount of Each Receipt this Period
Name of Employer Sanford Hospital Luverne Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Margaret E Perryman Mailing Address 200 East University Avenue City Saint Paul MN FEC ID number of contributing	
Ms. Margaret E Perryman Mailing Address 200 East University Avenue City State Saint Paul MN FEC ID number of contributing	r-to-Date ▼ 500.00
Saint Paul MN FEC ID number of contributing	Date of Receipt 0 2 1 7 2 0 0 9
FEC ID number of contributing	Zip Code Transaction ID: 16365265
federal political committee.	55101-2598 Amount of Each Receipt this Period 500.00
Name of Employer Gillette Children's Specialty Healthca Receipt For: Primary Other (specify) ▼ Occupation President an Aggregate Yea	d Chief Executive Officer r-to-Date ▼ 500.00
Full Name (Last, First, Middle Initial) Dr. Terence Pladson, , M.D. Mailing Address 1406 Sixth Avenue North	Date of Receipt
City State	0 2 1 7 2 0 0 9
Saint Cloud MN	56303-1900 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	500.00
Name of Employer CentraCare Health System Occupation President an	d Chief Executive Officer
Receipt For: Primary General Other (specify) ▼ Aggregate Yea	
SUBTOTAL of Receipts This Page (optional)	r-to-Date ▼ 500.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 44 (check only one) X 11a
An	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Hospital Association PAC			
۱.	Full Name (Last, First, Middle Initial) Yvonne Kirk			Date of Receipt
	Mailing Address 860 MT Hwy 282 City	State	Zip Code	02 23 2009
	Clancy	MT	59634-9503	Transaction ID: 16387073 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer St. Peter's Hospital	Occupation VP of Pa	n ttient Care/CNO	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
 3.	Full Name (Last, First, Middle Initial) Ms. Diane M. Twedell, RN			Date of Receipt
	Mailing Address 1216 Second Street, S	SW		02 23 2009
	City	State	Zip Code	Transaction ID: 16387074
	Rochester	MN	55902-1906	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		350.00
	Name of Employer Mayo Clinic	Occupation Nurse Ac	n dministrator	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
_	Full Name (Last, First, Middle Initial) Mr. Michael Phillip Guerin			Date of Receipt
	Mailing Address American Hospital As One North Franklin St	treet		02 26 2009
	City Chicago	State IL	Zip Code 60606	Transaction ID: 16394192 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer American Hospital Associa- tion	Occupation Sr. Vice	n President/Secretary	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
				1200.00

В.

SCHEDULE A (FEC Form 3X)

PAGE 17/44 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Stephen F. Brenton Date of Receipt Mailing Address 8567 Arbor Terrace Drive 26 02 2009 City State Zip Code Transaction ID: 16394802 <u>Verona</u> WI 53593-8759 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 C federal political committee. Name of Employer Wisconsin Hospital Associ-Occupation President & Chief Executive Officer ation Receipt For: Aggregate Year-to-Date General Primary 1000.00 Other (specify) Full Name (Last, First, Middle Initial) Mr. Alex R. White, Sr. Date of Receipt Mailing Address PO Box 15587 0 2 28 2009 City State Zip Code Transaction ID: PR331416022147 **Austin** TX 78761-5587 Amount of Each Receipt this Period FEC ID number of contributing C 116.00 federal political committee. Name of Employer American Hospital Associa-Occupation Regional Executive tion Receipt For: Aggregate Year-to-Date ▼

232.00

SUBTOTAL of Receipts This Page (optional)		1116.00
ODDIOTAL OFFICEORIS FIRST age (optional)		
TOTAL This Period (last page this line number only)	•	20916.00

Primary

Other (specify)

General

P/R Deduction (\$58.00 Bi-

Weekly)

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 18 / 44
	•		Use separate schedule(s) for each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	11a 11b 11c 12
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$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Citibank, F.S.B.			Date of Receipt
	Mailing Address 1400 G Street, NW			02 27 2009
	City	State	Zip Code	Transaction ID: 16898106
	Washington	DC	20005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		452.30
	rederal political committee.			
	Name of Employer	Occupation	n	
	Receipt For:	Aggregate	Year-to-Date ▼	1
	Primary General	33 3		Interest
	Other (specify) ▼		917.14	

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	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only	y one) 22 X 23 24 25 28a 28b 28c 29 3
An	y Information copied from such Reports and	Statements may n	ot be sold or used		
	for commercial purposes, other than using the				
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC				
<u>′</u>	Full Name (Last, First, Middle Initial) Betty Sutton For Congress				Transaction ID: 16336914 Date of Disbursement
	Mailing Address 1700 W. Market Si	t. #155			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & O & O & 9 \end{smallmatrix} \end{bmatrix}$
	City Akron	State OH	Zip Code 44313		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution			011	1000.00
	Candidate Name Rep. Betty Sutton			Category/ Type	
	Senate President	isbursement For: X Primary Other (spe	2010 General ecify)		Contribution
	State: OH District: 13				
	Full Name (Last, First, Middle Initial) Doggett For U.S. Congress				Transaction ID: 16336915 Date of Disbursement
	Mailing Address 1157 San Bernard		$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ O & Z & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & S \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & Y \end{smallmatrix} \end{bmatrix}$		
	City Austin	State TX	Zip Code 78702		Amount of Each Disbursement this Period
	Purpose of Disbursement			011	1000.00
	Contribution				
	Contribution Candidate Name Rep. Lloyd Doggett			Category/	
	Candidate Name Rep. Lloyd Doggett Office Sought: X House Senate President	visbursement For: X Primary Other (spe	2010 General		Contribution
	Candidate Name Rep. Lloyd Doggett Office Sought: X House Senate	X Primary	General	Category/	Contribution Transaction ID: 16336917 Date of Disbursement
	Candidate Name Rep. Lloyd Doggett Office Sought: X House Senate President State: TX District: 25 Full Name (Last, First, Middle Initial)	X Primary	General	Category/	Transaction ID: 16336917
	Candidate Name Rep. Lloyd Doggett Office Sought: X House Senate President State: TX District: 25 Full Name (Last, First, Middle Initial) Kirk For Congress	X Primary	General	Category/	Transaction ID: 16336917 Date of Disbursement M
	Candidate Name Rep. Lloyd Doggett Office Sought: X House Senate President State: TX District: 25 Full Name (Last, First, Middle Initial) Kirk For Congress Mailing Address P.O. Box 8 City Winnetka Purpose of Disbursement Contribution	X Primary Other (spe	General ecify) ▼ Zip Code	Category/ Type	Transaction ID: 16336917 Date of Disbursement O 2
	Candidate Name Rep. Lloyd Doggett Office Sought: X House Senate President State: TX District: 25 Full Name (Last, First, Middle Initial) Kirk For Congress Mailing Address P.O. Box 8 City Winnetka Purpose of Disbursement	X Primary Other (spe	General ecify) ▼ Zip Code	Category/ Type	Transaction ID: 16336917 Date of Disbursement M
	Candidate Name Rep. Lloyd Doggett Office Sought: X House Senate President State: TX District: 25 Full Name (Last, First, Middle Initial) Kirk For Congress Mailing Address P.O. Box 8 City Winnetka Purpose of Disbursement Contribution Candidate Name Rep. Mark Steven Kirk Office Sought: X House Senate President	X Primary Other (spe	General ecify) Zip Code 60093 2010 General	Category/ Type 011 Category/	Transaction ID: 16336917 Date of Disbursement M
	Candidate Name Rep. Lloyd Doggett Office Sought: X House Senate President State: TX District: 25 Full Name (Last, First, Middle Initial) Kirk For Congress Mailing Address P.O. Box 8 City Winnetka Purpose of Disbursement Contribution Candidate Name Rep. Mark Steven Kirk Office Sought: X House Senate	State IL Disbursement For: X Primary	General ecify) Zip Code 60093 2010 General	Category/ Type 011 Category/	Transaction ID: 16336917 Date of Disbursement M 2 M / D 0 D / Y 2 0 0 9 Y Amount of Each Disbursement this Period 1000.00

		Use separate schedule(s) FOR LIN	NE NUMBER: PAGE 20 / 44 only one)
11	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	I	22 X 23 24 25 28 28 28 29
	y Information copied from such Reports and State for commercial purposes, other than using the nar			
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) McCollum For Congress Mailing Address P.O. Box 14131			Transaction ID: 16371372 Date of Disbursement M M M / D D D / Y Y Y O Y Y 0 2 0 0 9
	City St. Paul	State Zip Code MN 55114		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name		011 Category/	1000.00
	Rep. Betty McCollum Office Sought: X House Disburs	sement For: 2010 C Primary General Other (specify)	Туре	Contribution
	Full Name (Last, First, Middle Initial) Anna Eshoo For Congress Mailing Address 555 Capitol Mall, Suite	1425		Transaction ID: 16371373 Date of Disbursement O 2 M / O 3 / Y Y Y O 9 9
	City Sacramento Purpose of Disbursement	State Zip Code CA 95814	T	Amount of Each Disbursement this Period 1500.00
	Contribution Candidate Name Rep. Anna G. Eshoo		011 Category/ Type	
	, <u>x</u>	sement For: 2010 C Primary General Other (specify)	1	Contribution
	Full Name (Last, First, Middle Initial) Prairieland PAC			Transaction ID: 16371374 Date of Disbursement
	Mailing Address 228 S. Washington Stre Suite B-20	eet		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Alexandria	State Zip Code VA 22314		Amount of Each Disbursement this Perio
	Purpose of Disbursement	011	300.00	
	2009 Contribution Candidate Name Prairieland PAC		Category/ Type	
	Candidate Name Prairieland PAC	sement For: Primary General Other (specify)	Туре	2009 Contribution

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	=
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) American Hospital Association PAC	and addition of any pointing of		on contribution from coord committee
Full Name (Last, First, Middle Initial) Longhorn PAC			Transaction ID: 16371375 Date of Disbursement
Mailing Address 228 S. Washington St. Suite B-20			$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 0 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix} $
Alexandria	State Zip Code VA 22314		Amount of Each Disbursement this Period
Purpose of Disbursement 2009 Contribution Candidate Name		011	1000.00
Longhorn PAC	ment For:	Category/ Type	2000 2 1 1 1
Senate President	Primary General Other (specify) ▼		2009 Contribution
State: District: Full Name (Last, First, Middle Initial) Bill Nelson For U S Senate			Transaction ID: 16371377 Date of Disbursement
Mailing Address 500 Red Sail Way			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & O & O \\ O & O \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & O & O \\ O & O \end{smallmatrix} \end{bmatrix} \ Y$
•	State Zip Code FL 32937		Amount of Each Disbursement this Period
Purpose of Disbursement 2012 Contribution Candidate Name		011 Category/	1000.00
• -	ment For: 2012 Primary General Other (specify)	Туре	2012 Contribution
Full Name (Last, First, Middle Initial) A Lot Of People For Dave Obey			Transaction ID: 16371378 Date of Disbursement
Mailing Address P. O. Box 1322			$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
Wausau	State Zip Code WI 54402		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name		011 Category/	5000.00
Rep. David R. Obey		Type	
Senate X President	ment For: 2010 Primary General Other (specify)		Contribution
State: WI District: 07			
SUBTOTAL of Disbursements This Page (optional) .		•	7000.00
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	y Information copied from such Reports and State for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)												
\backslash	American Hospital Association PAC												
	Full Name (Last, First, Middle Initial) Friends Of John Tanner					Trans	of Di	sburs	emen		384		
	Mailing Address Post Office Box 1994					0 ^M 2	M	^D C	9	/ Y	žc	ó 9	Y
	City Union City	State Zip Code TN 38281				Amou	nt of	Each	Disb	urser			eriod
	Purpose of Disbursement Contribution Candidate Name			011						•	250	0.00	
	Rep. John S. Tanner	ement For: 2010		tego Type									
		Primary General Other (specify)				Contr	ibut	ion					
	Full Name (Last, First, Middle Initial) Boswell For Congress					Trans					386		
	Mailing Address PO Box 6220						M /	/ D	9	/ Y	ž c) ŏ 9	Y
	City Des Moines	State Zip Code IA 50309				Amou	nt of	Each	Disb	urser			eriod
	Purpose of Disbursement Contribution Candidate Name			011 tego			-				100	0.00	
	Rep. Leonard L. Boswell	_		уре	,								
		ement For: 2010 Primary General Other (specify)				Contr	ibut	ion					
	Full Name (Last, First, Middle Initial) Davis For Congress/Friends Of Davis					Trans Date	of Di	sburs	emen				
	Mailing Address 5956 W. Race Avenue					0 ^M 2	M	[™] C	9	/ L	žc	ó 9	Y
	City Chicago	State Zip Code IL 60644				Amou	nt of	Each	Disb	urser			erioc
	Purpose of Disbursement Contribution										100	00.00	
	Candidate Name Rep. Danny K. Davis			tego Type									
	Senate President	ement For: 2010 Primary General Other (specify)				Contr	ibut	ion					
	State: IL District: 07												_

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	(check only	NUMBER: PAGE 23 / 44		
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ny Information copied from such Reports and s r for commercial purposes, other than using the					
NAME OF COMMITTEE (In Full) American Hospital Association PAC					
Full Name (Last, First, Middle Initial) Moran For Kansas			Transaction ID: 16371390 Date of Disbursement		
Mailing Address P.O. Box 1151			$\begin{bmatrix}\begin{smallmatrix}M\\02\end{smallmatrix}^M&\begin{smallmatrix}&D\\09\end{smallmatrix}^D&\begin{smallmatrix}&Y\\20\check{0}9\end{smallmatrix}^Y$		
City Hays	State Zip Code KS 67601		Amount of Each Disbursement this Period		
Purpose of Disbursement Contribution		011	1000.00		
Candidate Name Rep. Jerry Moran		Category/ Type			
Senate President	bursement For: 2010 X Primary General Other (specify)		Contribution		
State: KS District: 01 Full Name (Last, First, Middle Initial) Pascrell For Congress Inc.			Transaction ID: 16371391 Date of Disbursement		
Mailing Address P.O. Box 640			0 2 / 0 9 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Totowa	State Zip Code NJ 07511		Amount of Each Disbursement this Period		
Purpose of Disbursement Contribution		011	1000.00		
Candidate Name Rep. William J. Pascrell, Jr.		Category/ Type			
Office Sought: X House Senate President State: NJ District: 08	sbursement For: 2010 X Primary General Other (specify)		Contribution		
Full Name (Last, First, Middle Initial) Heller For Congress			Transaction ID: 16371392 Date of Disbursement O 2 O 9 O 9		
Mailing Address 7840 Red Leaf Drive	Mailing Address 7840 Red Leaf Drive				
City Las Vegas	State Zip Code NV 89131		Amount of Each Disbursement this Period		
Purpose of Disbursement Contribution		011	1000.00		
Candidate Name Rep. Dean Heller Office Sought: X House Dis	sbursement For: 2010	Category/ Type			
Senate President	X Primary General Other (specify)		Contribution		
State: NV District: 02					
			3000.00		

	HEDULE	B (FEC Form	3X)	Use sep	arate schedule(s)	-		24 / 44
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\rangle	NAME OF COM	·			, , , , , , , , , , , , , , , , , , , ,			
	Full Name (Last, Friends Of Da	First, Middle Initial) ve Reichert					Transaction ID: 16371393 Date of Disbursement	
	Mailing Address	P. O. Box 5332	22				02 7 2	0 0 9 Y
	City Bellevue			State WA	Zip Code 98015		Amount of Each Disbursemen	
	Purpose of Disbu Contribution					011	10	00.00
		eorge Reichert	I s		0040	tegory/ Гуре		
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	State: WA Full Name (Last, Friends Of Bla	District: 08 First, Middle Initial) anche Lincoln					Transaction ID: 16371395 Date of Disbursement	
	Mailing Address	PO Box 3197					02 / 09 / 2	0 0 9
	City Little Rock			State AR	Zip Code 72203		Amount of Each Disbursemen	t this Perio
	Purpose of Disbu Contribution					011	10	00.00
		Lambert Lincoln				tegory/ Type		
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	Full Name (Last, Cantor For Co	First, Middle Initial) ingress	•				Transaction ID: 16371398 Date of Disbursement	
	Mailing Address P. O. Box 17813						02 7 2 0 7 2	0 0 9
	City Richmond			State VA	Zip Code 23226		Amount of Each Disbursemen	
	Purpose of Disbu Void of 1/09 che		011	-20	00.00			
	Candidate Name Rep. Eric I. Ca	antor	1 5			tegory/ Гуре		
	Office Sought:	X House Senate	Disburser X	Primary	2010 General		Void of 1/09 check	
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FEMIZED DISBURSEMENTS	for each category of the Detailed Summary Pag	е	21b 27	22 X 23 28a 28b	24 25 2 28c 29 3
ny Information copied from such Reports and Stat r for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full) American Hospital Association PAC					
Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress				Transaction ID: Date of Disburse	ement
Mailing Address P.O. Box 9336				02 1	7 2009
City Fargo	State Zip Code ND 58106			Amount of Each	Disbursement this Period
Purpose of Disbursement Contribution			011		2500.00
Candidate Name Rep. Earl Pomeroy			ategory/ Type		
	x Primary General Other (specify)	al		Contribution	
Full Name (Last, First, Middle Initial) Stupak For Congress				Transaction ID: Date of Disburse	ement
Mailing Address 817 Ninth Avenue				0 2 1	7 2009
City Menominee	State Zip Code MI 49858			Amount of Each	Disbursement this Period
Purpose of Disbursement Contribution			011		1000.00
Candidate Name Rep. Bart Stupak			ategory/ Type		
	x Primary General Other (specify)	al		Contribution	
Full Name (Last, First, Middle Initial) Team Emerson For Jo Ann Emerson				Transaction ID: Date of Disburse	
Mailing Address P.O. Box 822				02 1	7 2009
City Cape Girardeau	State Zip Code MO 63702			Amount of Each	Disbursement this Period
Purpose of Disbursement Contribution			011		2000.00
Candidate Name Rep. Jo Ann Emerson		C	ategory/ Type		
	X Primary General Other (specify)	al		Contribution	
SUBTOTAL of Disbursements This Page (optional	l)		>		5500.00

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	Full Name (Last, Hoosiers For H Mailing Address	First, Middle Initial) Hill PO Box 1071							Date		sburse	1688 ement 7		, 0 0 9	Y
	City Seymour Purpose of Disbu	rsement		State IN	Zip Code 47274		v		Amou	ınt of	Each	Disburs		t this F	-
	Contribution Candidate Name Rep. Baron Hil	I	l no c			C	01 ateg Typ	gory/							
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	Full Name (Last, Blaine For Con Mailing Address	First, Middle Initial) ngress, Inc. PO Box 1526							Date		sburse	1688 ement 7		o ŏ 9	Y
	City Columbia			State MO	Zip Code 65205				Amou	ınt of	Each	Disbur	semen	t this F	Perio
	Purpose of Disbu Contribution Candidate Name Mr. Blaine Lue Office Sought:	tkemeyer X House Senate	Disburse	Primary	2008 General	C	01 ateç Tyr	gory/	Contr	ibut	ion		25	500.00)
	State: MO Full Name (Last, Pascrell For Co	President District: 09 First, Middle Initial) Districts Inc.		Other (spe	• / •						on ID:	1688	33946)	
	Mailing Address	P.O. Box 640							0 ^M 2			7 /	ž	0 ŏ 9	Y
	City Totowa			State NJ	Zip Code 07511				Amou	ınt of	Each	Disburs		t this F	-
	Purpose of Disbu Contribution Candidate Name Rep. William J	. Pascrell, Jr.				C	01 ateo	gory/				•	10	,,,,,,	,
	Office Sought: State: NJ	X House Senate President District: 08	Disburse X	ment For: Primary Other (spe	2010 General ecify)				Contr	ibut	ion				
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		SBURSEMENT	D	etailed	Summary Page		21 27		22 28a	X 23	Bb 🗌	24 28c		25 29	
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	Full Name (Last, Friends Of Jac	First, Middle Initial) ck Kingston							Date	action of Disb	urseme		950		
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SCHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)			FOR LIN		-	R:			PA	GE	36 /	44	
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American Hospital Association PAC															
Full Name (Last, First, Middle Initial) Democrats Win Seats PAC							Date	of D	isburs	en		454			
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Full Name (Last, First, Middle Initial)											16892	457	,		
John Lewis For Congress								of D	isburs			,	, · · y ·	Υ	
Mailing Address 303 Peachtree Street, NE Suite 5300							0 2		2	2 3	3 / [2	o ŏ	9	
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	Mailing Address 255 South 17th Street Si	uite 603						0 ^M 2	М	, ,	2 7	7 ′	, :	ž 0 Ď	9 1
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NAME OF COMMITTEE (in Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Friends Of Carolyn McCarthy Mailing Address 151 Linden Road City State Zip Code NY 11501 Purpose of Disbursement Void of 6/07 check Candidate Name (Last, First, Middle Initial) Committee To Re-Elect Vito Fossella Office Sought: X House State Zip Code NY 10305 Purpose of Disbursement Void of 6/07 check Candidate Name Rep. Cardionate Name Rep. Sarvale Cardionate Name Rep. Sarvale State Name Rep. Sarvale Rep. Sa		Detailed Summary Page	27	28a 28b 28c 29
American Hospital Association PAC Full Name (Last, First, Middle Initial) Friends Of Carolyn McCarthy Mailing Address 151 Linden Road City Mineola NY State NY 11501 Purpose of Disbursement Void of 607 check Candidate Name Rep. Carolyn McCarthy Office Sought: Senate President State: NY District: 04 Mailing Address 34 Dumont Avenue City State Island Mailing Address 34 Dumont Avenue City Carolidate Name Rep. Vito J. Fossella Office Sought: X House President NY State NY District: 04 NY State NY Disbursement NY				
Friends Of Carolyn McCarthy Mailing Address 151 Linden Road City State Zip Code Mineola NY 11501 Purpose of Disbursement Void of 6/07 check Candidate Name Rep. Carolyn McCarthy Office Sought: X House Senate President State: NY District: 04 City State Tip Code NY 10305 City State NY District: 04 Mailing Address 34 Dumont Avenue City State Island NY 10305 Purpose of Disbursement Void of 6/07 check Candidate Name Rep. Carolyn McCarthy City State NY District: 04 Candidate Name Rep. Violate of Disbursement For: 2008 Senate President NY 10305 Purpose of Disbursement Void of 6/07 check Candidate Name Clast, First, Middle Initial) Committee To Re-Elect Vito Fossella Mailing Address 34 Dumont Avenue City State Ny District: 13 Committee To Re-Elect Vito Fossella Mailing Address Observation NY 10305 Purpose of Disbursement Void of 6/07 check	NAME OF COMMITTEE (In Full)	<u> </u>		
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Candidate Name Rep. Vito J. Fossella Office Sought: X House Senate President State: NY District: 13 Full Name (Last, First, Middle Initial) Graves For Congress Mailing Address 2345 Grand, Suite 2400 City State Zip Code Kansas City MO 64108 Purpose of Disbursement Void of 9/07 check Candidate Name Rep. Samuel B. Graves, Jr. Office Sought: X House Senate Primary X General Other (specify) ▼ Category/ Type Void of 6/07 check Transaction ID: 16911005 Date of Disbursement 0 2 M / D 2 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	•		011	-1000.00
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City State Zip Code Kansas City MO 64108 Purpose of Disbursement Void of 9/07 check Candidate Name Rep. Samuel B. Graves, Jr. Office Sought: X House Senate Primary X General President President State Zip Code MO 64108 -2000.00 Amount of Each Disbursement this Period Category/Type Category/Type Void of 9/07 check Void of 9/07 check				Date of Disbursement
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	State: MO District: 06			

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			NE NUMBER: PAGE 39 / 44 inly one)						44		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27		22 [28a [Х	23 28b	F	24 28c	П	25 29	26 30b
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NAME OF COMMITTEE (In Full)												
American Hospital Association PAC												
Full Name (Last, First, Middle Initial) Levin For Congress					T ransa Date o		sburs	em		800		
Mailing Address PO Box 37					0 ^M 2 ^N	M /	D 2	2 7	/ Y	ž	o ŏ s	Θ^{\vee}
City Roseville	State Zip Code MI 48066			1	Amour	nt of	Each	า Di	isburse	men	t this	Period
Purpose of Disbursement Void of 9/07 check		011	1							-15	0.00	0
Candidate Name Rep. Sander M. Levin		Catego	•									
Senate President	ement For: 2008 Primary General Other (specify)			V	oid o	of 9/	/07 c	hed	ck			
State: MI District: 12												
Full Name (Last, First, Middle Initial) Kind For Congress Committee					Date o	f Di	sburs	em				
Mailing Address 205 South 5th Ave Suite 428					0 ^M 2 ^M	M /	D 2	2 7	/ Y	ž	o ŏ s	e ^Y
City La Crosse	State Zip Code WI 54601			<i>A</i>	Amour	nt of	Each	n Di	isburse	-		
Purpose of Disbursement Void of 9/07 check		011	1				•			-10	0.00	0
Candidate Name Rep. Ron Kind		Catego Type	-									
Senate President	ement For: 2008 Primary General Other (specify)			V	oid o	of 9/	/07 c	hed	ck			
State: WI District: 03 Full Name (Last, First, Middle Initial)				_	_							
Mike Ferguson for Congress					Date o	f Di	sburs	em		011		
Mailing Address 340 North Ave E Ste. 6					0 2	M /		2 7	/ L	ž	o ŏ s	e ^Y
City Cranford	State Zip Code NJ 07016			<i>A</i>	Amour	nt of	Each	n Di	isburse		-	
Purpose of Disbursement Void of 11/07 check		011	1			-	_		•	-10	0.00	0
Candidate Name Rep. Mike Ferguson		Catego Type										
Senate President	ement For: 2008 Primary General Other (specify)			V	oid o	of 1	1/07	che	eck			
State: NJ District: 07												
SUBTOTAL of Disbursements This Page (optional)										-35	0.00	0

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)		NUMBER: PAGE 40 / 44
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only	22 X 23 24 25
	<u> </u>		27	28a 28b 28c 29
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NAME OF COMMITTEE (In Full)				
American Hospital Association PAC				
Full Name (Last, First, Middle Initial)				Transaction ID: 16911013
Joe Wilson For Congress Committee				Date of Disbursement
Mailing Address Post Office Box 2145				$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
City West Columbia	State SC	Zip Code 29171		Amount of Each Disbursement this Period
Purpose of Disbursement		29171		-1000.00
Void of 11/07 check			011	
Candidate Name Rep. Joe Wilson			Category/ Type	
ů X	rsement For:	2008	, , , , , , , , , , , , , , , , , , ,	Void of 11/07 check
Senate President	X Primary Other (spe	General		void of 11/07 official
State: SC District: 02	Other (spe	SCIIY) \		
Full Name (Last, First, Middle Initial)				Transaction ID: 16911029
Steve Israel For Congress Committee				Date of Disbursement
Mailing Address PO Box 777				$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ D & Z & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & Z & D \\ D & Z & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Y \\ Y & Z & D & Q & Y \end{bmatrix}$
City Deer Park	State NY	Zip Code 11729		Amount of Each Disbursement this Perio
Purpose of Disbursement Void of 7/08 check			011	-1000.00
Candidate Name Rep. Steve J. Israel			Category/ Type	
Office Sought: X House Disbur	rsement For:	2008	71	Void of 7/08 check
Senate President	Other (spe	X General		Void of 7700 check
State: NY District: 02	Other (spe	ecily) ♥		
Full Name (Last, First, Middle Initial)				Transaction ID: 16911031
Kurt Schrader For Congress				Date of Disbursement
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\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC									
	Full Name (Last, First, Middle Initial) Pat Roberts For U S Senate Inc Mailing Address PO Box 433					Transaction Date of Discourse M 2 M 2	-		0 0 9 °]
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SCHEDULE B (FEC Form 3X)

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FOR LINE NUMBER: PAGE 44 / 44 Use separate schedule(s) (check only one) **ITEMIZED DISBURSEMENTS** for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Transaction ID: 16898045 Merchant Bankcard Date of Disbursement 0 2 0 2 2009 Mailing Address 1601 Elm Street City State Zip Code Amount of Each Disbursement this Period Dallas TX 75201 81.83 Purpose of Disbursement Merchant Fees 001 Candidate Name Category/ Type Office Sought: Disbursement For: House Merchant Fees General Senate Primary President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: 16898046 Merchant Bankcard Date of Disbursement 0 4 0 2 2009 Mailing Address 1601 Elm Street City State Zip Code Amount of Each Disbursement this Period 75201 Dallas TΧ 40.73 Purpose of Disbursement Merchant Fees 001 Candidate Name Category/ Type Office Sought: House Disbursement For: Merchant Fees

General

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